

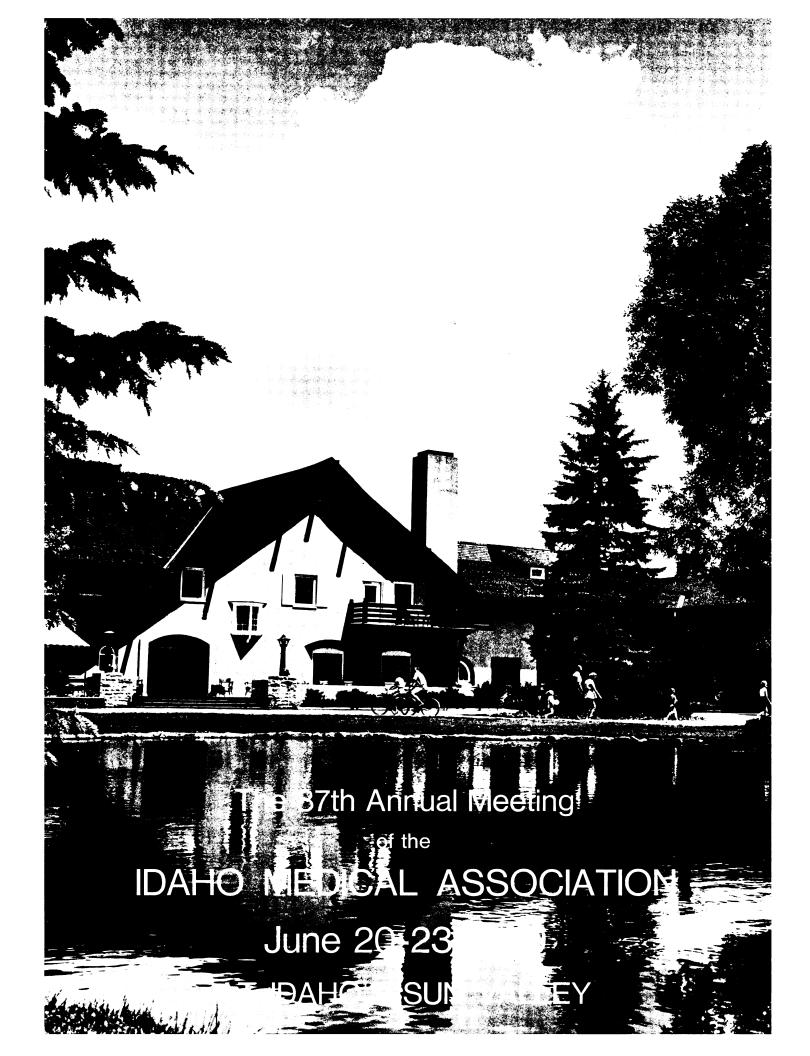
THE EMOTIONAL-NEURAL LINIIN DUODENAL ULCER

How excessive anxiety may induce vagal stimulation of acid-pepsin secretion

A manifestation of emotional stress, excessive anxiety may induce gastric hypersecretion by its effect on central and peripheral neural activity. Hypothalamic mediation of vagal activity increases acid and pepsin output, 1,2 leading to exacerbation of the distressing symptoms of duodenal ulcer.

Artist's impression of perpheral nerve ramifying on the surface of gastric mucosal cells. Illustration based on a cresction of gastric wall as seen by scanning electron microscope.

1, Sun DCH: Etiology and pathology of peptic ulcer, chap. 27, vol. 1, in Gastroenterology, ed. 3, edited by Bockus HL. Philadelphia, W.B. Saunders Company, 1974, pp. 586, 592-593. 2. Palmer ED: Clinical Gastroenterology, ed. 2. New Heater Medical Division, Harper & Row, Publishers, 1963, p. 202.



AN INVITATION TO SUN VALLEY

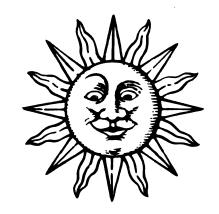
An outstanding scientific medical program and beautiful green Sun Valley—this is a combination treat that should tempt all physicians to attend our 87th Annual Meeting of the Idaho Medical Association. Twelve credit hours of Category 1 are available.

Attractive social activities for the members of the medical family are available with golf, a tennis tournament, swimming, cycling, horseback riding, bowling, fishing, trap shooting and much more. We do hope that you will join us.

H. Kent Staheli, MD President, Idaho Medical Association



87th Annual Meeting
Idaho Medical Association
Sun Valley • June 20-23, 1979



SUN VALLEY REGISTRATION FORM

Name	
Address	
City	State Zip
Will Arrive	, 1979 at and
Depart	1979 at

CONFIRMED RESERVATIONS REQUIRE AN ADVANCE DEPOSIT EQUAL TO ONE NIGHT'S ROOM RENTAL. PLEASE RETURN FORM WITH DEPOSIT TO:

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Questions? Call Sun Valley toll-free reservations number (800) 635-8261. Please mention IMA meeting when calling Sun Valley.

Please Check Accommodations Desired*

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LODGE, INN or LODGE APARTMENT ROOMS

Single, \$42 per day

Double, \$47 per day

At the
LODGE APARTMENT SUITES OR
CONDOMINIUMS

Studio, \$48 per day

One-Bedroom, \$80 to \$89 per day

Two-Bedroom, \$115 to \$135 per day

Deadline for Reservations—May 20, 1979

☐ Three-Bedroom, \$145 to \$175 per day

Deposit forfeited for cancellation received less than 7 days prior to arrival; \$10 per person processing charge on all cancellations.

^{*}European Plan



87th Annual Meeting

Wednesday, June 20, 1979

8:30 a.m.-5:00 p.m. House of Delegates

Thursday, June 21, 1979

8:15 a.m. Introduction

FREDERICK K. MUELLER, MD

Program Chairman

8:30 a.m. All About the Hyperactive Child

LENDON H. SMITH, MD
Pediatric Consultant & Author

9:15 a.m. The Pathophysiology of Sudden Death

and Myocardial Infarction

ROBERT S. ELIOT, MD

Director, Cardiovascular Center University of Nebraska Medical Center

10:30 a.m. Immunology—Primer for Busy

Physicians

PHILIP THOREK, MD Medical Director,

Thorek Hospital and Medical Center

Chicago, Illinois

11:30 a.m. Logical and Scientific Treatment of

Hypochondriasis
LENDON H. SMITH, MD

1:30 p.m. Hydraulics of Hypertension

DONALD W. FROOM, MD

Clinical Teaching Preceptor in Nephrology Emanuel Hospital & Good Samaritan Hospital

Portland, Oregon

The Early Management of the Multiple Trauma Patient (An Organized Approach)

TERRY P. CLEMMER, MD Director, Shock & Trauma, I.C.U.

L.D.S. Hospital

Salt Lake City, Utah

Use of the Newest Antibiotics

DeVON C. HALE, MD

Infectious Disease & Clinical Microbiology

Riverview Hospital Idaho Falls, Idaho 2:45 p.m. Current Concepts of Contraception

KENNETH A. BURRY, MD

Assistant Professor, Obstetrics and Gynecology

University of Oregon Health Sciences Center

Treatment of Acute Asthma

CHARLES H. SCOGGIN, MD Assistant Professor of Medicine Division of Pulmonary Sciences

University of Colorado Medical Center

Friday, June 22, 1979

8:30 a.m. Rehabilitation & Prevention (Is There

a Life after Myocardial Infarction?)

ROBERT S. ELIOT, MD

9:30 a.m. If I Had an Ulcer

PHILIP THOREK, MD

10:45 a.m. The Use and Abuse of Digitalis

(Current Concepts in Digitalis

Therapy)

ROBERT S. ELIOT, MD

11:30 a.m. A Potpourri of Materia Medica

LENDON H. SMITH, MD

1:30 p.m. Hydraulics of Hypertension

DONALD W. FROOM, MD

Nutrition in the Critically III

TERRY P. CLEMMER, MD

Use of the Newest Antibiotics

DeVON C. HALE, MD

2:45 p.m. Management of Menopause

KENNETH A. BURRY, MD High Altitude Sickness

CHARLES H. SCOGGIN, MD

Saturday, June 23, 1979

8:30 a.m.-1:30 p.m. Closing Session, House of

Delegates

REGISTRATION FEE \$125 FOR NON-IMA MEMBERS AND OUT-OF-STATE PHYSICIANS.

For information contact:

P.O. Box 2668
Boise, Idaho 83701

Telephone: (208) 344-7888

Before prescribing, please consult complete product information, a summary of which follows:

The effectiveness of Valium (diazepam) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

Contraindications: Tablets in children under 6 months of age: known hypersensitivity; acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, drving). Withdrawal symptoms (similar to those with barbiturates, alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal/muscle cramps, vomiting, sweating). Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation; dependence.

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations, as sugested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

DRAL Advise patients against simultaneous ingestion of alcohol and other DNS depressants.

Not of value in treatment of psychotic patients: should not be employed in eu of appropriate treatment. When using oral form adjunctively in convuisive disorders, possibility of increase in frequency and or severity of grand all seizures may require increase in dosage of standard anticonvulsant medication; abrupt withdrawal in such cases may be associated with temporary increase in frequency and or severity of seizures.

NECTABLE. To reduce the possibility of venous thrombosis, phlebitis, local mitation, swelling, and, rarely, vascular impairment when used I.V.: inject sowly, taking at least one minute for each 5 mg (1 ml) given; do not use small veins, i.e., dorsum of hand or wrist; use extreme care to avoid intraaterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion using as close as possible to the vein insertion.

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and or cardiac arrest; consomitant use of barbiturates, alcohol or other CNS depressants increases sepression with increased risk of apnea, have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least 1.3, administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of lital signs.

Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status.

Mithdrawal symptoms (similar to those with barbiturates, alcohol) have octored following abrupt discontinuance (convulsions, tremor, abdominal muscle cramps, vomiting, sweating). Keep addiction-prone individuals under careful surveillance because of predisposition to habituation sependence. Not recommended for OB use.

Efficacy/safety not established in neonates (age 30 days or less); pronged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence, can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

Precautions: If combined with other psychotropics or anticonvulsants, arefully consider individual pharmacologic effects—particularly with known impounds which may potentiate action of Valium (diazepam), *i.e.*, crenothiazines, narcotics, barbiturates. MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual directions in impaired hepatic function, avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective mount in elderly and debilitated to preclude ataxia or oversedation (initally 2 to 2½ mg once or twice daily, increasing gradually as needed or derated).

NJECTABLE Although promptly controlled, seizures may return, readminister if necessary, not recommended for long-term maintenance therapy. Laryngospasm increased cough reflex are possible during peroral endoscopic procedures; use topical anesthetic, have necessary countermeasures available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcoho. Use lower doses (2 to 5 mg) for elderly debilitated.

Adverse Reactions: Side effects most commonly reported were drowsiness, fatigue, ataxia, Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity insomnia, rage, sleep disturbances and stimulation have been reported, should these occur, discontinue drug

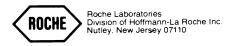
Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after Valium (diazepam) therapy and are of no known significance.

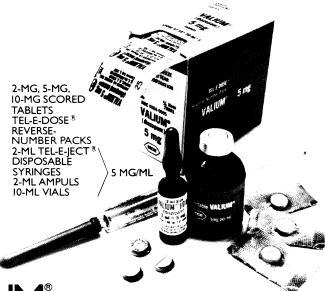
INJECTABLE. Venous thrombosis phiebitis at injection site, hypoactivity, syncope, bradycardia, cardiovascular collapse, hystagmus, urticaria, hiccups neutropenia.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm pain in throat or chest have been reported.

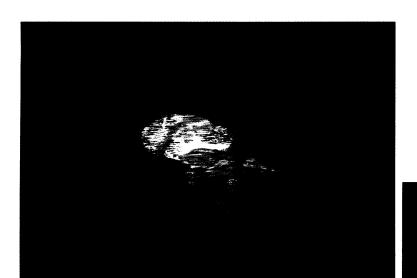
Management of Overdosage: Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure employ general supportive measures. I.V. fiuligs, adequate airway. Use levarterenol or metaraminol for hypotension, caffeine and sodium benzoate for CNS-depressive effects. Dialysis is of limited value.

Supplied: Tablets. 2 mg. 5 mg and 10 mg. bottles of 100 and 500 Tel-E-Dose* (unit dose) packages of 100. available in trays of 4 reverse-numbered boxes of 25 and in boxes containing 10 strips of 10. Prescription Paks of 50. available singly and in trays of 10. Ampuls. 2 ml. boxes of 10 Vials. 10 ml. boxes of 1. Tel-E-Ject* (disposable syringes). 2 ml. boxes of 10. Each ml contains 5 mg diazepam, compounded with 40% propylene glycol, 10% ethyl alcohol. 5% sodium benzoate and benzoic acid as bufers, and 1.5% benzyl alcohol as preservative





ONLY VALIUM® (diazepam)
GIVES YOU THIS CHOICE OF DOSAGE
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ONLY VALIUM (diazepam) HAS THESE TWO DISTINCT FFFFCTS